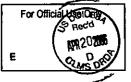
U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P & 88-257 as amended Failure to comply may result in criminal prosecution finds or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

- Que of	
1 File Number U 4024	2 Fiscal Year Covered From
- -	1 / 1 / 2305 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name Roger L Bolles	Name International Union of Bricklayers
	Labor Organization File Number 000 034
PO Box Bidg Room No if any	P O Box Building and Room Number if any
Street 1776 Rve Street NW	Street 1776 Eye Street NW
Street 1776 Eye Street NW	Color 1776 Eye Street NW
City Washington	City Washington
State District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006
I IN THE TO DEFEND AND THE TENTON OF THE TENTON OF THE	
Asst Manager Technical Suppo	orth of the fair a trie i a with a mater
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name if any)	derived income or other economic benefit of ion represents or is actively seeking to represent 7 a Nature of Interest Transaction or Income
P O Box Bldg Room No if any	
Remarkation of the state of the	7 b Amount
Street	
City	11 (5 7 1
State ZIP Code + 4	townstat a
Signature	
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Kogu Bolly	On 3/0/04 202 383 32 23 Telephone Number

Name of Person Filing Roger Bolles	f ile Number U
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any)	9 Business deals with
Name International Masonry Institute	a Labor Organization
Trade Name if any	b Trust
PO Box Bidg Room No if any	c Employer
Street 42 East Street	
Cdy Annoppolis	•
State Maryland ZIP Code + 4 21401	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	Related Entity
Trade Name if any	
PO Box Bldg Room No if any	
Street	
City	11 b Approximate dollar value of such dealing 12 a Nature of Interest held or income received
State ZIP Code + 4	Business Expense Reinbursement
	'
	ŗ.
	12 b Amount \$910
C Received from any employer (other than an employer covered under parts A and B above)	
or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name	₹ ~~
Trade Name if any	د. ۵
PO Box Bldg Room No if any	" <i>'</i> s
Street	
City	
State ZiP Code + 4	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment